

# SHOW-ME LEADERSHIP SUMMIT:

## Strengthening Communities by Strengthening Families

Jefferson City, MO

**May 4-5, 2016**

We know that parents are the greatest source of influence for families and are key in strengthening a community!

A small group of agencies with priorities that include child wellness, strong families and family voice have blended resources to sponsor an event for parent/family leaders. We invite parent/family leaders from your community to participate in this event to receive training and network with other leaders from across the state. Attendees will be asked to continue participation beyond this event, whether it is at the local, regional or state level. This participation will include providing feedback and information back to organizing agencies and possible participation on a state Parent Advisory Council.

Please complete the information below to ***nominate*** families/parents who are ready to learn more about leadership and have their voice heard!

### Nomination Form

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#### Parent Nominee Information:

Nominee Name \_\_\_\_\_

Nominee Name (optional: other related summit participant from same household) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

#### Nominating Organization Information:

Name of Nominating Organization \_\_\_\_\_

Contact Person and Title \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Please respond to the following *about the nominee*:

\_\_\_\_\_ Has children or is raising a child ages (check all that apply) \_\_\_\_ 0-3 \_\_\_\_ 4-6 \_\_\_\_ 7-10 \_\_\_\_ 11-15 \_\_\_\_ 16+

Total number of children: \_\_\_\_\_

\_\_\_\_\_ Has a child with special needs

\_\_\_\_\_ Has a child who is/has participated in Head Start/Early Head Start

\_\_\_\_\_ Is or has been a foster parent

\_\_\_\_\_ Is or has participated in a home visitation or parent education program (i.e. PAT, Nurse Family Partnership, Incredible Years, Nurturing)

\_\_\_\_\_ Would need transportation to attend an event in mid-Missouri

**Deadline for Application: March 15, 2016**

## Nominee's Leadership Background

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1. Why do you think the parent you are nominating would be a strong candidate for participation in state-wide parent leadership activities?
2. How has the nominee served in a leadership capacity at your organization or in the community? What roles has he/she held?
3. What types of community, school, church or other organizational activities has the nominee been involved with over the past few years?
4. Have you ever observed the nominee speaking to large groups, serving as a co-trainer or working with the media? If yes, please describe.
5. Is there anything more you would like to tell us?

Please submit the completed nomination form to:

Lutheran Family and Children's Services

ATTN: Michele

307 Locust Street, Columbia, MO 65201

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FAX (573) 449-4640

